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HIPAA Companion Guide Specifications

TXN 837 Health Care Claim
(Institutional)

Version 1.2
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Table of Contents

1.   INTRODUCTION

This companion guide is designed to be used in conjunction with the *HIPAA Implementation Guide*. The companion guide specifications define current functions and other information specific to North Carolina Medicaid (NCXIX). The Division of Medical Assistance's (DMA) solution for Health Insurance Portability and Accountability Act (HIPAA) recommends suggested methods for utilizing the transactions.

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2. SCOPE

The *United States Congress* included provisions to address the need for standards for electronic transactions and other administrative simplification issues in the HIPAA, Public Law 104-191, which was enacted on August 21, 1996. Through subtitle F of title II of that law, *Congress* added to title XI of the *Social Security Act* a new part C, titled "Administrative Simplification." On August 17, 2000, final regulations were published in the *Federal Register* for "Standards for Electronic Transactions", which became effective on October 16, 2000. The final rule requires compliance be met within 2 years of the rule effective date, making compliance necessary by October 16, 2002, unless covered entities have filed for an extension to the deadline. In 2001, in the Administrative Simplification Compliance Act, Congress authorized a 1-year extension to October 16, 2003, for those covered and required to comply in 2002. The North Carolina Department of Health and Human Services (DHHS) has filed an extension, which supports an extension for all divisions within DHHS, to include DMA.

This guide includes the scope and transaction maps for the ASC X12N 837 004010X096A1 Health Care Claim Institutional transaction set.

The purpose of the Companion Guide is to provide support for the submission of the HIPAA-compliant 837 Institutional claim and ensure proper processing of claims submitted to NCXIX. The 837 Institutional Guide provides a mapping to the UB92 Form Locator and EMC Record Type and Fields in Appendices F.1 and F.2, respectfully. These mappings are also referenced at each data element within the Implementation Guide. The mappings follow the current NCXIX Institutional formats and should be used as a cross-reference to the applicable data element in the 837 Institutional transaction, unless otherwise specified within this document. North Carolina Medicaid billing requirements also should be followed to ensure proper processing of claims. Specific NCXIX billing instructions can be found in provider manuals and monthly Medicaid bulletins.

Electronic submission of claims will follow these guidelines:

- Claims currently filed on CMS-1500 or ECS 1500 format will be filed on the 837P
- Claims currently filed on ADA or ADA ECS format will be filed on the 837D
- Claims currently filed on UB-92 or UB-92 ECS format will be filed on the 837I.

A trading partner may not have all data collected in their system to plug every required field on the transaction. In these cases, the following values are suggested:

- For unknown fields defined as AN (alphanumeric) in the *HIPAA Implementation Guide* , use UNKNOWN as the submitted value to NC Medicaid
- For date fields defined as CCYYMMDD in the *HIPAA Implementation Guide* that are not known, usermat 99991231 as the submitted value to NC Medicaid
- For an unknown recipient's Social Security Number (SSN), use 111111111 as the submitted value to NC Medicaid.

** IMPORTANT NOTE -- The submission of these values does not gaurantee a payment. All claims are subject to the NC Medicaid edits and audits.

3. 837 INSTITUTIONAL SERVICE REQUEST TRANSACTION MAP

LOOP	SEG ID	Element	Element Requirement	Segment Name or Data Element Industry Name	North Carolina Medicaid Specifications
	ST/R-56			Transaction Set Header	Follow rules of the Implementation Guide for this segment and all data elements within
	BHT/R-57			Beginning of Hierarchical Structure	Follow rules of the Implementation Guide for this segment and all data elements within
	REF/R-60			Transmission Type Identification	Follow rules of the Implementation Guide for this segment and all data elements within
1000A/R-61				SUBMITTER NAME	
	NM1/R-62			Submitter Name	Follow rules of the Implementation Guide for this segment and all data elements within
	PER/R-65			Submitter EDI Contact Information	Follow rules of the Implementation Guide for this segment and all data elements within
1000B/R-67				RECEIVER NAME	
	NM1/R-68			Receiver Name	Follow rules of the Implementation Guide for this segment and all data elements within
2000A/R-69				BILLING PAY-TO-PROVIDER	
	HL/R-69			Billing/Pay-To Provider Hierarchical Level	Follow rules of the Implementation Guide for this segment and all data elements within
	PRV/S-71	PRV01	R	Provider Code	Follow rules of the Implementation Guide
		PRV02	R	Reference Identification Qualifier	Follow rules of the Implementation Guide
		PRV03	R	Provider Taxonomy Code	**Provider Taxonomy Codes, as maintained by the National Uniform Claim Committee, can be obtained from www.wpc-edi.com/hipaa. Submit the Provider Taxonomy that best fits provider type and specialty for the billing**

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LOOP	SEG ID	Element	Element Requirement	Segment Name or Data Element Industry Name	North Carolina Medicaid Specifications
		PRV04	N	State or Province Code	Follow rules of the Implementation Guide
		PRV05	N	Provider Specialty Information	Follow rules of the Implementation Guide
		PRV06	N	Provider Organization Code	Follow rules of the Implementation Guide
	CUR/S-73			Foreign Currency Information	**NC Medicaid will not use this segment**
2010AA/R-76				BILLING PROVIDER NAME	
	NM1/R-76			Billing Provider Name	Follow rules of the Implementation Guide for this segment and all data elements within
	N3/R-79			Billing Provider Address	Follow rules of the Implementation Guide for this segment and all data elements within
	N4/R-80			Billing Provider City/State/Zip Code Name	Follow rules of the Implementation Guide for this segment and all data elements within
	REF/S-83	REF01	R	Reference Identification Qualifier	**For NC Medicaid, use either 1D – Medicaid Provider Number or 1C – Medicare Provider Number on crossover claims submitted directly from Medicare**
		REF02	R	Billing Provider Additional Identifier	Follow rules of the Implementation Guide
		REF03	N	Description	Follow rules of the Implementation Guide
		REF04	N	Reference Identifier	Follow rules of the Implementation Guide
	PER/R-87			Billing Provider Contact Information	Follow rules of the Implementation Guide for this segment and all data elements within
2010AB/S-91				PAY-TO PROVIDER NAME	
	NM1/S-91			Pay-To Provider Name	Follow rules of the Implementation Guide for this segment and all data elements within
	N3/R-94			Pay-to Provider Address	Follow rules of the Implementation Guide for this segment and all data elements within

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LOOP	SEG ID	Element	Element Requirement	Segment Name or Data Element Industry Name	North Carolina Medicaid Specifications
	N4/R-95			Pay-to Provider City/State/Zip Code	Follow rules of the Implementation Guide for this segment and all data elements within
	REF/S-97			Pay-to Provider Secondary Identifier	Follow rules of the Implementation Guide for this segment and all data elements within
2000B/R-99				SUBSCRIBER HIERARCHICAL LEVEL	
	HL/R-99			Subscriber Hierarchical Level	Follow rules of the Implementation Guide for this segment and all data elements within
	SBR/R-102	SBR01	R	Payer Responsibility Sequence Number Code	Follow rules of the Implementation Guide
		SBR02	S	Individual Relationship Code	Follow rules of the Implementation Guide
		SBR03	S	Insured Group or Policy Number	Follow rules of the Implementation Guide
		SBR04	S	Insured Group Name	Follow rules of the Implementation Guide
		SBR05	N	Insurance Type Code	Follow rules of the Implementation Guide
		SBR06	N	Coordination of Benefits Code	Follow rules of the Implementation Guide
		SBR07	N	Yes/No Condition or Response Code	Follow rules of the Implementation Guide
		SBR08	N	Employment Status Code	Follow rules of the Implementation Guide
		SBR09	R	Claim Filing Indicator Code	**For NC Medicaid, use MC - Medicaid**
2010BA/R-108				SUBSCRIBER NAME	
	NM1/R-109	NM101	R	Entity Identifier Code	Follow rules of the Implementation Guide
		NM102	R	Entity Type Qualifier	Follow rules of the Implementation Guide
		NM103	R	Subscriber Last Name	Follow rules of the Implementation Guide
		NM104	S	Subscriber First Name	Follow rules of the Implementation Guide
		NM105	S	Subscriber Middle Name	Follow rules of the Implementation Guide

LOOP	SEG ID	Element	Element Requirement	Segment Name or Data Element Industry Name	North Carolina Medicaid Specifications
		NM106	N	Name Prefix	Follow rules of the Implementation Guide
		NM107	S	Subscriber Name Suffix	Follow rules of the Implementation Guide
		NM108	S	Identification Code Qualifier	**For NC Medicaid, use MI – Member Identification Number**
		NM109	S	Subscriber Primary Identifier	Follow rules of the Implementation Guide
		NM110	N	Entity Relationship Code	Follow rules of the Implementation Guide
		NM111	N	Entity I	Follow rules of the Implementation Guide
	N3/S-112			Subscriber Address	Follow rules of the Implementation Guide for this segment and all data elements within
	N4/S-113			Subscriber City/State/Zip Code	Follow rules of the Implementation Guide for this segment and all data elements within
	DMG/S-115			Subscriber Demographic Information	Follow rules of the Implementation Guide for this segment and all data elements within
	REF/S-117			Subscriber Secondary Identification	Follow rules of the Implementation Guide for this segment and all data elements within
2010BB/S-121				CREDIT/DEBIT CARD ACCOUNT	**NC Medicaid will not use this loop**
2010BC/R-126				PAYER NAME	
	NM1/R-127	NM101	R	Entity Identifier Code	**For NC Medicaid, use PR – Payer**
		NM102	R	Entity Type Qualifier	Follow rules of the Implementation Guide
		NM103	R	Payer Name	**For NC Medicaid, use NCXIX**
		NM104	N	Name First	Follow rules of the Implementation Guide
		NM105	N	Name Middle	Follow rules of the Implementation Guide
		NM106	N	Name Prefix	Follow rules of the Implementation Guide

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LOOP	SEG ID	Element	Element Requirement	Segment Name or Data Element Industry Name	North Carolina Medicaid Specifications
		NM107	N	Name Suffix	Follow rules of the Implementation Guide
		NM108	R	Identification Code Qualifier	**For NC Medicaid, use PI – Payer Identification**
		NM109	R	Payer Identifier	**For NC Medicaid, use DNC00**
		NM110	N	Entity Relationship Code	Follow rules of the Implementation Guide
		NM111	N	Entity Identifier Code	Follow rules of the Implementation Guide
	N3/S-129			Payer Address	Follow rules of the Implementation Guide for this segment and all data elements within
	N4/S-130			Payer City/State/Zip Code	Follow rules of the Implementation Guide for this segment and all data elements within
	REF/S-132			Payer Secondary Identifier	Follow rules of the Implementation Guide for this segment and all data elements within
2010BD/S-134				RESPONSIBLE PARTY NAME	**NC Medicaid will not use this loop**
2000C/S-139				PATIENT HIERARCHICAL LEVEL	**NC Medicaid will not use this loop**
2300/R-157				CLAIM INFORMATION	
	CLM/R-158	CLM01	R	Patient Account Number	Follow rules of the Implementation Guide
		CLM02	R	Total Claim Charge Amount	Follow rules of the Implementation Guide
		CLM03	N	Claim Filing Indicator Code	Follow rules of the Implementation Guide
		CLM04	N	Identification Code Qualifier	Follow rules of the Implementation Guide
		CLM05	R	Health Care Service Location Information	Follow rules of the Implementation Guide
		CLM05-1	R	Facility Type Code	Follow rules of the Implementation Guide
		CLM05-2	R	Facility Code Qualifier	Follow rules of the Implementation Guide
		CLM05-3	R	Claim Frequency Code	Follow rules of the Implementation Guide

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LOOP	SEG ID	Element	Element Requirement	Segment Name or Data Element Industry Name	North Carolina Medicaid Specifications
		CLM06	R	Provider or Supplier Signature on File Indicator	Follow rules of the Implementation Guide
		CLM07	S	Medicare Assignment Code	Follow rules of the Implementation Guide
		CLM08	R	Benefits Assignment Certification Indicator	Follow rules of the Implementation Guide
		CLM09	R	Release of Information Code	**For NC Medicaid, use Y – Yes or N - No**
		CLM10	N	Patient Signature Source Code	Follow rules of the Implementation Guide
		CLM11	S	Related Causes Information	Follow rules of the Implementation Guide
		CLM11-1	R	Related Causes Code	Follow rules of the Implementation Guide
		CLM11-2	R	Related Causes Code	Follow rules of the Implementation Guide
		CLM11-3	R	Related Causes Code	Follow rules of the Implementation Guide
		CLM12	S	Special Program Indicator	Follow rules of the Implementation Guide
		CLM13	N	Yes/No Condition or Response Code	Follow rules of the Implementation Guide
		CLM14	N	Level of Service Code	Follow rules of the Implementation Guide
		CLM15	N	Yes/No Condition or Response Code	Follow rules of the Implementation Guide
		CLM16	N	Provider Agreement Code	Follow rules of the Implementation Guide
		CLM17	N	Claim Status Code	Follow rules of the Implementation Guide
		CLM18	R	Explanation of Benefits Indicator	Follow rules of the Implementation Guide
		CLM19	N	Claim Submission Reason Code	Follow rules of the Implementation Guide
		CLM20	S	Delay Reason Code	Follow rules of the Implementation Guide
	DTP/S-165			Discharge Hour	Follow rules of the Implementation Guide for this segment and all data elements within

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LOOP	SEG ID	Element	Element Requirement	Segment Name or Data Element Industry Name	North Carolina Medicaid Specifications
	DTP/S-167			Statement Dates	Follow rules of the Implementation Guide for this segment and all data elements within
	DTP/S-169			Admission Date/Hour	Follow rules of the Implementation Guide for this segment and all data elements within
	CL1/S-171			Institutional Claim Code	Follow rules of the Implementation Guide for this segment and all data elements within
	PWK/S-173			Claim Supplemental Information	Follow rules of the Implementation Guide for this segment and all data elements within
	CN1/S-176			Contract Information	Follow rules of the Implementation Guide for this segment and all data elements within
	AMT/S-178			Payer Estimated Amount Due	Follow rules of the Implementation Guide for this segment and all data elements within
	AMT/S-180			Patient Estimated Amount Due	Follow rules of the Implementation Guide for this segment and all data elements within
	AMT/S-182			Patient Amount Paid	Follow rules of the Implementation Guide for this segment and all data elements within
	AMT/S-184			Credit/Debit Care Maximum Amount	**NC Medicaid will not use this segment**
	REF/R-185			Adjusted Repriced Claim Number	Follow rules of the Implementation Guide for this segment and all data elements within
	REF/S-186			Repriced Claim Number	Follow rules of the Implementation Guide for this segment and all data elements within
	REF/S-187			Claim Identification Number for Clearinghouses	Follow rules of the Implementation Guide for this segment and all data elements within
	REF/S-189			Document Identification Number	Follow rules of the Implementation Guide for this segment and all data elements within
	REF/S-191	REF01	R	Reference Identification Qualifier	**For NC Medicaid, use F8 – Original Reference Number when CLM05-3 equals 7 or 8**

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LOOP	SEG ID	Element	Element Requirement	Segment Name or Data Element Industry Name	North Carolina Medicaid Specifications
		REF02	R	Claim Original Reference Number	**For NC Medicaid, use the ICN of the original claim**
		REF03	N	Description	Follow rules of the Implementation Guide
		REF04	N	Reference Identifier	Follow rules of the Implementation Guide
	REF/S-193			Investigational Device Exemption Number	Follow rules of the Implementation Guide for this segment and all data elements within
	REF/S-195			Service Authorization Exception Code	Follow rules of the Implementation Guide for this segment and all data elements within
	REF/S-197			Peer Review Organization (PRO) Approval Number	Follow rules of the Implementation Guide for this segment and all data elements within
	REF/S-198			Prior Authorization or Referral Number	Follow rules of the Implementation Guide for this segment and all data elements within
	REF/S-200			Medical Record Number	Follow rules of the Implementation Guide for this segment and all data elements within
	REF/S-202			Demonstration Project Identifier	Follow rules of the Implementation Guide for this segment and all data elements within
	K3/S-204			File Information	Follow rules of the Implementation Guide for this segment and all data elements within
	NTE/S-205			Claim Note	Follow rules of the Implementation Guide for this segment and all data elements within
	NTE/S-208	NTE01	R	Billing Note	Follow rules of the Implementation Guide for this segment and all data elements within
	CR6/S-210			Home Health Care Information	Follow rules of the Implementation Guide for this segment and all data elements within
	CRC/S-218			Home Health Functional Limitations	Follow rules of the Implementation Guide for this segment and all data elements within

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LOOP	SEG ID	Element	Element Requirement	Segment Name or Data Element Industry Name	North Carolina Medicaid Specifications
	CRC/S-221			Home Health Activities Permitted	Follow rules of the Implementation Guide for this segment and all data elements within
	CRC/S-224			Home Health Mental Status	Follow rules of the Implementation Guide for this segment and all data elements within
	HI/S-227			Principal, Admitting, E-Code, and Patient Reason for Visit Diagnosis Information	Follow rules of the Implementation Guide for this segment and all data elements within
	HI/S-230			DRG Information	Follow rules of the Implementation Guide for this segment and all data elements within
	HI/S-232			Other Diagnosis Information	Follow rules of the Implementation Guide for this segment and all data elements within
	HI/S-242			Principal Procedure Information	Follow rules of the Implementation Guide for this segment and all data elements within
	HI/S-244			Other Procedure Information	Follow rules of the Implementation Guide for this segment and all data elements within
	HI/S-256			Occurrence Span Information	Follow rules of the Implementation Guide for this segment and all data elements within
	HI/S-267			Occurrence Information	Follow rules of the Implementation Guide for this segment and all data elements within
	HI/S-280			Value Information	Follow rules of the Implementation Guide for this segment and all data elements within
	HI/S-290			Condition Information	Follow rules of the Implementation Guide for this segment and all data elements within
	HI/S-299			Treatment Code Information	**NC Medicaid will not use this segment**
	QTY/S-306			Claim Quantity	Follow rules of the Implementation Guide for this segment and all data elements within
	HCP/S-308			Claim Pricing/Repricing Information	**NC Medicaid will not use this segment**

LOOP	SEG ID	Element	Element Requirement	Segment Name or Data Element Industry Name	North Carolina Medicaid Specifications
2305/S-314				HOME HEALTH CARE PLAN INFORMATION	**NC Medicaid will not use this loop**
2310A/S-321				ATTENDING PHYSICIAN NAME	
	NM1/S-321			Attending Physician Name	Follow rules of the Implementation Guide for this segment and all data elements within
	PRV/S-324	PRV01	R	Provider Code	Follow rules of the Implementation Guide
		PRV02	R	Reference Identification Qualifier	Follow rules of the Implementation Guide
		PRV03	R	Provider Taxonomy Code	**Provider Taxonomy Codes, as maintained by the National Uniform Claim Committee, can be obtained from www.wpc-edi.com/hipaa. Submit the Provider Taxonomy that best fits provider type and specialty for the attending provider**
		PRV04	N	State or Province Code	Follow rules of the Implementation Guide
		PRV05	N	Provider Specialty Information	Follow rules of the Implementation Guide
		PRV06	N	Provider Organization Code	Follow rules of the Implementation Guide
	REF/R-326	REF01	R	Reference Identification Qualifier	**For NC Medicaid, use 1D – Medicaid Provider**
		REF02	R	Attending Physician Secondary Identifier	Follow rules of the Implementation Guide
		REF03	N	Description	Follow rules of the Implementation Guide
		REF04	N	Reference Identifier	Follow rules of the Implementation Guide
2310B/S-328				OPERATING PHYSICIAN NAME	
	NM1/S-328			Operating Physician Name	Follow rules of the Implementation Guide for this segment and all data elements within
	REF/S-333			Operating Physician Secondary Identification	Follow rules of the Implementation Guide for this segment and all data elements within
2310C/S-335				OTHER PROVIDER NAME	

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LOOP	SEG ID	Element	Element Requirement	Segment Name or Data Element Industry Name	North Carolina Medicaid Specifications
	NM1/S-335			Other Provider Name	Follow rules of the Implementation Guide for this segment and all data elements within
	REF/S-340			Other Provider Secondary Identification	For NC Medicaid, report the Carolina Access Provider Number.
2310E/S-349				SERVICE FACILITY NAME	
	NM1/S-349			Service Facility Name	Follow rules of the Implementation Guide for this segment and all data elements within
	N3/R-354			Service Facility Address	Follow rules of the Implementation Guide for this segment and all data elements within
	N4/R-355			Service Facility City/State/Zip Code	Follow rules of the Implementation Guide for this segment and all data elements within
	REF/S-357			Service Facility Secondary Identification	Follow rules of the Implementation Guide for this segment and all data elements within
2320/S-359				OTHER SUBSCRIBER INFORMATION	
	SBR/S-359			Other Subscriber Information	Follow rules of the Implementation Guide for this segment and all data elements within
	CAS/S-365			Claim Level Adjustment	Follow rules of the Implementation Guide for this segment and all data elements within
	AMT/S-371			Payer Prior Payment	Follow rules of the Implementation Guide for this segment and all data elements within
	AMT/S-372			Coordination of Benefits (COB) Total Allowed Amount	Follow rules of the Implementation Guide for this segment and all data elements within
	AMT/S-373			COB Total Submitted Charges	Follow rules of the Implementation Guide for this segment and all data elements within
	AMT/S-374			DRG Outlier Amount	Follow rules of the Implementation Guide for this segment and all data elements within

LOOP	SEG ID	Element	Element Requirement	Segment Name or Data Element Industry Name	North Carolina Medicaid Specifications
	AMT/S-376			COB Total Medicare Paid Amount	Follow rules of the Implementation Guide for this segment and all data elements within
	AMT/S-378			Medicare Paid Amount – 100%	Follow rules of the Implementation Guide for this segment and all data elements within
	AMT/S-380			Medicare Paid Amount – 80%	Follow rules of the Implementation Guide for this segment and all data elements within
	AMT/S-382			COB Medicare A Trust Fund Paid Amount	Follow rules of the Implementation Guide for this segment and all data elements within
	AMT/S-384			COB Medicare B Trust Fund Paid Amount	Follow rules of the Implementation Guide for this segment and all data elements within
	AMT/S-386			COB Total Non-covered Amount	Follow rules of the Implementation Guide for this segment and all data elements within
	AMT/S-387			COB Total Denied Amount	Follow rules of the Implementation Guide for this segment and all data elements within
	DMG/S-388			Other Subscriber Demographic Information	Follow rules of the Implementation Guide for this segment and all data elements within
	OI/R-390	OI01	N	Claim Filing Indicator Code	Follow rules of the Implementation Guide
		OI02	N	Claim Submission Reason Code	Follow rules of the Implementation Guide
		OI03	R	Benefits Assigned Certification Indicator	Follow rules of the Implementation Guide
		OI04	N	Patient Signature Source Code	Follow rules of the Implementation Guide
		OI05	N	Provider Agreement Code	Follow rules of the Implementation Guide
		OI06	R	Release of Information Code	**For NC Medicaid, use Y – Yes or N – No**
	MIA/S-392			Medicare Inpatient Adjudication Information	Follow rules of the Implementation Guide for this segment and all data elements within

LOOP	SEG ID	Element	Element Requirement	Segment Name or Data Element Industry Name	North Carolina Medicaid Specifications
	MOA/S-397			Medicare Outpatient Adjudication Information	Follow rules of the Implementation Guide for this segment and all data elements within
2330A/R-400				OTHER SUBSCRIBER NAME	
	NM1/R-400			Other Subscriber Name	Follow rules of the Implementation Guide for this segment and all data elements within
	N3/S-404			Other Subscriber Address	Follow rules of the Implementation Guide for this segment and all data elements within
	N4/S-406			Other Subscriber City/State/Zip Code	Follow rules of the Implementation Guide for this segment and all data elements within
	REF/S-408			Other Subscriber Secondary Identification	Follow rules of the Implementation Guide for this segment and all data elements within
2320B/R-410				OTHER PAYER NAME	
	NM1/R-410			Other Payer Name	Follow rules of the Implementation Guide for this segment and all data elements within
	N3/S-412			Other Payer Address	Follow rules of the Implementation Guide for this segment and all data elements within
	N4/S-413			Other Payer City/State/Zip Code	Follow rules of the Implementation Guide for this segment and all data elements within
	DTP/S-415			Claim Adjudication Date	Follow rules of the Implementation Guide for this segment and all data elements within
	REF/S-416			Other Payer Secondary Identification and Reference Number	Follow rules of the Implementation Guide for this segment and all data elements within
	REF/S-418			Other Payer Prior Authorization or Referral Number	Follow rules of the Implementation Guide for this segment and all data elements within
2330C/S-420				OTHER PAYER PATIENT INFORMATION	**NC Medicaid will not use this loop**
2330D/S-424				OTHER PAYER ATTENDING PROVIDER	**NC Medicaid will not use this loop**

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LOOP	SEG ID	Element	Element Requirement	Segment Name or Data Element Industry Name	North Carolina Medicaid Specifications
2330E/S-428				OTHER PAYER OPERATING PROVIDER	**NC Medicaid will not use this loop**
2330F/S-432				OTHER PAYER OTHER PROVIDER	**NC Medicaid will not use this loop**
2330H/S-440				OTHER PAYER SERVICE FACILITY	**NC Medicaid will not use this loop**
2400/R-444				SERVICE LINE	
	LX/R-444			Service Line Number	Follow rules of the Implementation Guide for this segment and all data elements within
	SV2/R-445			Institutional Service Line	Follow rules of the Implementation Guide for this segment and all data elements within
	PWK/S-452			Line Supplemental Information	Follow rules of the Implementation Guide for this segment and all data elements within
	DTP/S-456			Service Line Date	Follow rules of the Implementation Guide for this segment and all data elements within
	DTP/S-458			Assessment Date	Follow rules of the Implementation Guide for this segment and all data elements within
	AMT/S-460			Service Tax Amount	**NC Medicaid will not use this segment**
	AMT/S-461			Facility Tax Amount	**NC Medicaid will not use this segment**
	HCP/S-29A			Line Pricing/Repricing Information	Follow rules of the Implementation Guide for this segment and all data elements within
	REF/S-40A			Reference Identification	Follow rules of the Implementation Guide for this segment and all data elements within
2410/S-35A				DRUG IDENTIFICATION	**NC Medicaid will not use this loop**
2420A/S-462				ATTENDING PHYSICIAN NAME	
	NM1/S-462			Attending Physician Name	Follow rules of the Implementation Guide for this segment and all data elements within

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LOOP	SEG ID	Element	Element Requirement	Segment Name or Data Element Industry Name	North Carolina Medicaid Specifications
	REF/S-467			Attending Physician Secondary Identification	Follow rules of the Implementation Guide for this segment and all data elements within
2420B/S				OPERATING PHYSICIAN NAME	**NC Medicaid will not use this loop**
2420C/S-476				OTHER PROVIDER NAME	**NC Medicaid will not use this loop**
2430/S				SERVICE LINE ADJUDICATION INFORMATION	
	SVD/S-490			Service Line Adjudication Information	Follow rules of the Implementation Guide for this segment and all data elements within
	CAS/S-494			Service Line Adjustment	Follow rules of the Implementation Guide for this segment and all data elements within
	DTP/S-502			Service Adjudication Date	Follow rules of the Implementation Guide for this segment and all data elements within
9999/R-503				ST TRAILER	
	SE/R-503	SE01	R	Transaction Set Trailer	Follow rules of the Implementation Guide for this segment and all data elements within

4. DOCUMENT CHANGE HISTORY

Project Information
Project Name: Health Insurance Portability and Accountability Act Transaction Sets and Code Sets (HTSCS)
Status: Final (Version number and date are used for configuration control of this deliverable)

The controlled master of this document is available in the EDS North Carolina Title Nineteen (NCXIX) eRoom®[1]. Hard copies of this document are for information only and are not subject to document control.

Version	Issue Date	Created By	Comments/Reason
1.0	02/26/03	Joan McDermott, Sandy Miles	Original document
1.1	06/02/03	Allen Dowdle	Revisions for the Addenda and clarification of unknown/default values
1.2	06/24/03	Bernice Ford	Revision to page 16 - 2410 loop updated

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